



ST. VINCENT AND THE GRENADINES

MARITIME ADMINISTRATION

CIRCULAR N° MLC 004

MANAGEMENT OF OCCUPATIONAL SAFETY AND HEALTH

TO: **RECOGNIZED ORGANIZATIONS, FLAG STATE SURVEYORS, SHIP OWNERS, SHIPS' OPERATORS AND MANAGERS, MASTERS AND SEAFARERS**

APPLICABLE TO: **ALL SHIPS SUBJECT TO MLC 2006 CERTIFICATION**

EFFECTIVE AS FROM: Date of this Circular

5th April 2013

1. Introduction

The purpose of this Circular is to ensure that seafarers on ships are provided with occupational health protection and live, work and train on board a ship in a safe and hygienic environment. The Maritime Labour Convention, 2006 (MLC 2006) requires that Administrations promulgate national guidelines for the management of occupational safety and health on board ships.

2. Application

This Circular applies to all ships and seafarers.

3. Responsibilities of employers and employees regarding Occupational Safety and Health

3.1 The working, living and training environment on ships should be safe and hygienic and conform to Paragraph 16 of the Schedule to the Shipping (Maritime Labour Convention 2006) Regulation 2013, this and any subsequent circular regarding occupational safety and health protection and accident prevention on board a ship. Reasonable precautions should be taken to prevent occupational accidents, injuries and diseases on board ship including measures to reduce and prevent the risk of exposure to harmful levels of ambient factors and chemicals as well as the risk of injury or disease that may arise from the use of equipment and machinery. The shipowner is responsible for the health and safety of all persons on board. Each person employed on board should take reasonable care for his/her health and safety and other persons' health and safety.

3.2 The shipowner should:

- develop and implement an occupational safety and health policy program in order to prevent occupational accident injuries and diseases, and particularly the safety and health of seafarers under the age of 18. A written statement of general policy with respect to health and safety on board and the organization

and arrangements should be brought to the attention of all seafarers. The policy may be subject to changes. The seafarers should be advised if there are any changes to the policy.

- identify and assess risk evaluation taking into account experience and appropriate statistical information
- provide reasonable precautions in order to prevent occupational accidents, injuries and diseases, including measures to reduce and prevent the risk of exposure to harmful levels of ambient factors and chemicals as well as the risk of injury or disease that may arise from the carriage of cargo and the use of equipment and machinery on board ships as per the Paragraph 16 (b) of the Schedule to the Shipping (Maritime Labour Convention 2006) Regulation 2013
- undertake periodic safety inspections at least once every three (3) months or more frequently if there has been substantial changes in the conditions of work as well as to report and correct unsafe conditions
- investigate, record and report on board occupational accidents.
- investigate and record on board near occupational accidents, analyze their root causes and advise the persons concerned throughout the company

3.3 In meeting with his/her obligations, the shipowner should fully comply with:

- MSC-MEPC.2/Circ.3 entitled 'Guidelines on the basic elements of a shipboard occupational health and safety programme', as may be amended;
- IMO Resolution A.884(21) entitled "Code for the investigation of marine casualties and incidents", as may be amended;
- ILO Code – Accident prevention on board ships at sea and in port 1996, as may be amended; and
- Any subsequent Circular regarding this matter issued by this Administration.

4 Assessment of risk

4.1 It is the shipowner's responsibility for an assessment of risks to be carried out on board with a view to reduce the risks to an acceptable minimum. In assessing the risk, the following matters should be included:

- safety and health of seafarers under the age of 18 general and basic provisions;
- structural features of the ship, including means of access and asbestos related risks;
- machinery;
- the effects of extremely low or high temperature of surfaces with which seafarers may be in contact;
- the effects of noise in the work place and in shipboard accommodation;
- the effects of vibration in the workplace and in shipboard accommodation;
- the effects of ambient factors, other than noise and vibration, in the workplace and in shipboard accommodation, including tobacco smoke;
- special safety measures on and below deck;
- loading and unloading equipment;
- fire prevention and fire-fighting;

- anchors, chains and lines;
- dangerous cargo and ballast;
- personal protective equipment for seafarers;
- work in enclosed spaces;
- physical and mental effects of fatigue;
- the effects of drug and alcohol dependency;
- HIV / AIDS protection and prevention;
- emergency and accident response; and
- safety of sub-contractors

4.2 The assessment of risks and reduction of exposure on the matters referred to above should take into account the physical occupational health effects, including manual handling of loads, noise and vibration, the chemical and biological occupational health effects, the mental occupational health effects, the physical and mental health effects of fatigue, and occupational accidents. The necessary measures should take into account the preventive principle according to which, (among other things) fighting risk at the source, adapting work to the individual, especially as regards the design of workplaces, and replacing the dangerous by the non dangerous or the less dangerous, have precedence over personal protective equipment or seafarers.

4.3 Permit to work systems in accordance with IMO Assembly Resolution A.1050 (27), as amended should be a consistent part of the on board preventative safety procedures.

5 Works of seafarers under the age of 18

5.1 Unless trained and certified, no person under the age of 18 should be employed, engaged or work in a way which is likely to jeopardize their health or safety as indicated below:

- lifting, moving or carrying heavy loads or objects;
- entry into boilers, tanks and cofferdams;
- exposure to harmful noise and vibration levels;
- operating hoisting and other power machinery and tools, or acting as signallers to operators of such equipment;
- handling mooring or tow lines or anchoring equipment;
- rigging;
- work aloft or on deck in heavy weather;
- night watch duties;
- servicing of electrical equipment;
- exposure to potentially harmful materials, or harmful physical agents such as dangerous or toxic substances and ionizing radiations;
- cleaning of catering machinery; and
- handling or taking charge of ships' boats
- working with heat or fire (such as welding and flame-cutting)
- work in enclosed or confined spaces
- work outboard
- night work
- work as a ship's cook

5.2 In addition to the above the shipowner may determine the types of work which are potentially hazardous and likely to jeopardize the health and safety of young seafarers under the age of 18.

6 Safety and health committee.

6.1 If there are five or more seafarers on board a Safety and Health Committee should be established. This Committee should operate as set out in the International Labour Organization (ILO) Code of Practice "*Accident prevention on board ship at sea and in port*", 2nd Edition 1996, as amended. Consequently, Safety and Health Committee meetings should be held at least once a month.

6.2 Shipowners should ensure that the issues raised by the safety committee and safety inspections are addressed in a timely manner.

7 Reporting of accidents

7.1 Shipowners should investigate all accidents and near accidents, analyze their root causes and advise the persons concerned throughout the company.

7.2 Shipowners should report occupational accidents and diseases to the St. Vincent and The Grenadines Maritime Administration.

7.3 All accidents to seafarers resulting in loss of life or serious injury should be reported to The St. Vincent and The Grenadines Maritime Administration as soon as possible and at the latest within 24 hours from the accident in order to start the investigation.

7.4 Contact points for report occupational accidents and diseases as well as accidents resulting in loss of life or serious injury are as follows:

The Registrar of Seafarers	
c/o Commissioner for Maritime Affairs 8, Av de Frontenex 1207 Geneva Switzerland Tel: +41 (0) 22 707 63 00 Fax: +41 (0) 22 707 63 49 Email: technical@svg-marad.com	Cruise Ship Terminal Upper Bay Street, Kingstown St. Vincent and the Grenadines Tel: +1 784 456 1378 Fax: +1 784 451 2445 Email: svgmarad@gmail.com

Annex:

Report on Occupational Accidents Resulting in Serious Injury or Loss of Life and Report of Occupational Disease



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MARITIME ADMINISTRATION

REPORT ON OCCUPATIONAL ACCIDENTS RESULTING IN SERIOUS INJURY OR LOSS OF LIFE AND REPORT OF OCCUPATIONAL DISEASE

Note: Serious injury resulting from an occupational accident which incapacitates the injured person for more than seventy two hours (three days).

For a Serious Injury, complete items 1,2, 3, 4, 7, 8, 9, 10, 11

For a Loss of Life, complete items 1,2,3,5,7, 8, 11

For an Occupational Disease, complete items 1,2,6, 11

1. Ship and cargo details

Name:	Official Number:
Type:	GT:
Propulsion Power:	Type and quantity (MT) of cargo on board (if any):
Length Overall:	Draught in metres (at the time of occurrence): Fwd: Aft:
Managing Company's name and address:	Owner's Name and address:
DPA's Full Name:	

2. Details of injured/diseased/deceased person

Full name:	Home address:
Passport No:	Date of birth:
Nationality:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Crew Member or other (specify):	

3. General Details of the accident (injury/loss of life)

Date :	Time of the day: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight
Times, UTC and Local Time:	Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other (Specify)
Place of occurrence (e.g. deck, engine room, galley etc.):	Air Temperature: Sea Temperature:
Wind (Direction and Speed in Knots):	Visibility: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
State of the sea (Swell Direction and Height):	Distance of visibility:
Current (Speed and Direction):	Hours worked before occurrence :
Was the person on duty when the accident occurred: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duration of last rest period:
Voyage phase:	Other observations:
Anchor handling/tug work <input type="checkbox"/>	Unberthing (with or without pilot) <input type="checkbox"/>
At anchor <input type="checkbox"/>	Coastal passage <input type="checkbox"/>
Entering port (no pilot) <input type="checkbox"/>	Leaving port (no pilot) <input type="checkbox"/>
Ocean passage <input type="checkbox"/>	Passage with pilot on board <input type="checkbox"/>
Fishing <input type="checkbox"/>	Berthed <input type="checkbox"/>
Berthing (with or without pilot) <input type="checkbox"/>	Other (please specify): <input type="checkbox"/>

4. Details of injury

Nature of injury:	Location of accident (<i>Geographical</i>) :
	Activity engaged at the time of the accident:
	Part of the body injured:
Equipment involved in the accident:	Full name of the Officer in charge or supervisor when the injury occurred:
Specific object, part of equipment or substances which lead to the injury:	Total days incapacitated:

5. Details when a loss of life is involved

Date of loss of life:	Activity engaged at the time of the accident:
Where was the person when the accident occurred:	Full name of the person in charge or supervisor at the time of accident:
Date at which the next of kin was notified and mean(s) of notification:	
Root cause of loss of life:	

6. Details of occupational disease

Name of the disease:
Describe the work that led to the disease:
If the disease is caused by exposure to an agent at work (e.g. specified chemicals), please state what the agent is:
Date at which the doctor diagnosed or confirmed the disease for the first time:
Doctor's name and address:
Please state any other relevant information:

7. Description of the accident which led to a serious injury or loss of life

Indicate the sequence of events leading to the accident and the way it occurred. (*Add a sketch and additional sheets, if necessary.*)

8. Damage to the ship and environment (if any)

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9. Telemedical consultation given (if any)

Indicate to whom the medical message was sent:	Date of the first message:	Time of the first message:
Mode of communication (<i>radio, telephone, fax, other</i>):	Name of telemedical consultant:	

10. Assistance given

Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No	By whom:
Describe the treatment given:	
Hospital's name:	Hospital's address:

11. Recommendations

Recommendations for corrective safety measures or preventive safety measures (<i>if any</i>) to prevent the recurrence of such an event:
Has any immediate action(s) been taken. If yes, please describe:

Full name of the first witness	Full name of the second witness:
Address:	Address:

Date:	Name and position	Signature
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PLEASE ATTACH A COPY OF THE CREW LIST TO THIS FORM

Number of continuation sheets: